

TOWN OF HAMPTON

BUILDING/ZONING DEPARTMENT

608 FIRST STREET WEST Hampton, SC 29924

Phone: 803-943-2951 Fax: 803-943-2182

Email: hampton_building@embarqmail.com

ZONING PERMIT APPLICATION

Date:		APPLICATION FEE:	\$35.00
Property Address:	Tax Map Nu	mber:	
Proposed use:			
Applicant Name:	Phone:	Fax:	
Applicant Address:	E-mail:		
Property Owner:	Phone:	Fax:	
Owner Address:	E-mail:		
Subdivision Name:	Are there rest	rictive covenants on this property?	Yes No
Type of use:		Is this a corner lo	t? Yes No
() New Construction () Mobile Home () Principle Structure () New Developmen () Accessory Structure () New Subdivision () Addition / Renovation () Existing lot divis	() Change of Location ion Applicant	() Other must complete this application and provide n of the proposed use, division or other deta ation.	a detailed
Signature of owner or agent:		g this application the applicant certifies that e and correct.	all informa-
"Section 6-29-1145. (A) In an application for a permit, the whether the tract or parcel of land is restricted by any recorded (B) If a local planning agency has actual notice of a restrictive activity: (1) in the application for the permit; (2) from materials or information submitted by the person or (3) from any other source including, but not limited to, other agency receives confirmation from the applicant that the restrior property holders or by court order. This form is NOT a Certificate of Compliance, failure to obtoffense. Offences shall be punishable with fines not to exceed	d covenant that is contrary to, conflicts we even and on a tract or parcel of land the persons requesting the permit; or a property holders, the local planning agencitive covenant has been released for the train a Certificate of compliance before before the persons of the per	with, or prohibits the permitted activity, not is contrary to, conflicts with, or prohibits ency must not issue the permit unless the local tract or parcel of land by action of the appropriate the conflict of the permit unless the local tract or parcel of land by action of the appropriate the conflict of the permit unless the local tract or parcel of land by action of the appropriate the conflict of the permitted activity.	the permitted
	Please allow 24 hrs for review process		
	OFFICE USE ONLY	Application Number:	
ZONING DISTRICT:	SETBACI	KS ACHIEVED: YES	NO
FLOOD HAZARD AREA: YES	_ NO WETLAN	NDS AREA: YES	NO
USE PERMITTED: YES NO	CONDITIONAL REQUIREM (SEE ATTACHED REQUIREME		
Zoning Coordinator/Designee;		DATE:	